

REQUEST FOR PAID OVERTIME/HOLIDAY PAY

(USAARMC Supplement 1 to AR 37-108)

TO:	FROM:	REQUEST NO:	DATE:	
TYPE OF OVERTIME: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1. Emergency <input type="checkbox"/> 2. Conversion of Comp O/T to Paid O/T <input type="checkbox"/> 3. While in TDY Status </div> <div> <input type="checkbox"/> 4. Planned <input type="checkbox"/> 5. Unique Operational Requirement <input type="checkbox"/> 6. Holiday Pay </div> </div>		Budget Program	Total No. Hours Requested	Total Actual Hours
		APC and Cost Acct	Total Estimated Cost	Total Actual Cost

1. Name of Division/Branch/Section initiating this request:

2. Explanation of work (If overtime type 2 is checked, also explain why compensatory time off was not taken within the prescribed time frame):

3. Employees covered by this request (Use continuation sheet if necessary):

SSAN	NAME	E * or N	GS/ WG	Grade & Step	Inclusive Dates	Total No. of Hours Requested	Overtime Pay/ Holiday Pay		Actual	
							Hrly Rate	Total Amt	Total Hrs	Total Cost

4. a. Number of assigned military personnel in Division/Branch/Section who perform work similar to that shown in item 2:
b. Has consideration been given to use of these military personnel to accomplish the work shown in item 2?
State results, to include the amount of overtime that will be worked by these personnel.

5. Will approval of this Request for Paid O/T result in any employee being paid in excess of 200 hours for non-emergency overtime (i.e., overtime types 2 thru 5) worked this calendar year?

Yes

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If yes, specific reasons must be shown as to why paid overtime is being requested in lieu of using alternative means (compensatory overtime, hire of temporary employees, temporary detail of civilian personnel, etc.) to accomplish the workload, and the DRM will forward this request to the CofS for approval.

No

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6. Have eligible employees (i.e., except and certain non-exempt GS employees) been given the opportunity to elect compensatory overtime in lieu of paid overtime?

Yes

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No

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If not, explain why.

7. Justification for after-the-fact submission of this Request (applies only to overtime types 3 through 6):

8. This Request is in compliance with all current regulations governing use of overtime.

TYPED NAME, GRADE AND TITLE OF DIV CHIEF/SUPERVISOR

Phone

Signature

Date

9. Activity Director Action: I have reviewed and evaluated this Request and recommend approval. Sufficient funds are available to cover the Total Estimated Cost.

TYPED NAME, GRADE AND TITLE OF DIRECTOR/DESIGNEE

Phone

Signature

Date

10. Major Activity Director Action:

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Recommend Approval

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Disapprove

TYPED NAME, GRADE AND TITLE OF MAJOR ACTIVITY DIRECTOR
(Director, Deputy Director, Commander, Executive Officer)

Signature

Date

Requesting Office Notified as to Approval/Disapproval: _____